


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the flap. 		A. Signature X <i>T. Jacobs</i>	
 Adam Melton, Chief ROANOKE CITY JAIL 30 West Point Street Roanoke, AL 36274		B. Received by (Printed Name) <i>Tim Jacobs</i>	
		C. Date of Delivery <i>9-12-07</i>	
		address different from item 1? <input type="checkbox"/> Yes after delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number 7007 1490 0000 0026 6282 (Transfer from service label)			

07cv 787
complaint, supp
x memo
Prog. 1

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540